

# **Nevada State Health Division**

## **Point of Service Grievance Protocol Guidance for Ryan White Title II Funded Agencies**

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### **Introduction**

The Nevada State Health Division is implementing a multi-stage, standardized universal point of service protocol for all points of services funded by Ryan White Title II resources, as set forth in this document.

The protocol and associated procedures are derived from a variety of sources, with special recognition of two. The first is a 1998 report that examines client grievance procedures for programs funded through Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in the Boston Eligible Metropolitan Area (EMA). This document is entitled *Client Grievance Procedures: A Mechanism for Assuring and Improving Quality of HIV/AIDS Care and Services*. Additionally, the enclosed Client Rights/Client Responsibility model is selected from the New Orleans Title I EMA, New Orleans AIDS Taskforce.

The Health Division also acknowledges: the support of a Health Resources and Services Administration's HIV/AIDS Bureau Technical Assistance Contract Agreement 00229, for the technical assistance of William Lottero, Spatial Logic, LLC, of Boston, MA; and the funds of Grant Number 2 X07hA00001-15-00 from the Health Resources and Services Administration, which supported the services of Marcie Jackson and Julie McCain of Southern Nevada Area Health Education Centers.

In addition, the eight members of the Northern Nevada HIV/AIDS Community Advisory Board are recognized for their generous contribution of time and effort in reviewing and providing input for the grievance protocol and procedures.

## **Point Of Service Grievance Protocol to Improve Quality Assurance**

To help ensure service quality, the Health Division recommends that agencies encourage clients to engage in feedback through focus groups, surveys or even a suggestion box. These activities reinforce that Ryan White service providers respect clients' opinions. Likewise, using client feedback to change a procedure or improve the quality of a service can show clients they are valued.

Such an approach can:

1. Maximize client satisfaction
2. Protect client rights
3. Communicate clearly with clients regarding client responsibilities
4. Resolve any client problems in a timely, responsive, non-adversarial and cost effective manner
5. Maintain client confidence
6. Obtain client feedback, using it as a tool for quality assurance and program improvement
7. Identify and resolve the underlying issue behind what may seem to be a trivial complaint.

How an agency's grievance procedures are developed and communicated to clients will go a long way in having actual grievances be an exception rather than the rule. With standards of service in place, care-provider agencies can be proactive in preventing or at least minimizing client grievances. Furthermore, when clients are encouraged to provide feedback about their service experience, a general environment of mutual respect and responsibility prevails. This is reinforced by each agency's statement of client "rights & responsibilities." Ideally, an agency can ensure an environment where grievances typically are resolved informally and quickly.

For circumstances when a provider's internal system is unable to quickly resolve a concern, the Health Division has put into place a multi-stage, standardized universal point of service protocol for all points of services funded by Ryan White Title II resources. This protocol has been reviewed by representative groups of clients and providers and accepted by these representative groups.

In accordance with Grantee responsibilities to establish and manage a system wide quality assurance process, the Health Division, Bureau of Community Health, will include a standard grievance protocol for all Ryan White Title II-funded agencies as part of their subgrant agreement.

The systematic approach described herein will allow the Bureau to identify, monitor, and evaluate system features that can drive a continuous quality assurance program. This approach will contribute to an environment that is mutually beneficial for both clients and providers.

### **Requirements of the Client Grievance Protocol**

1. The procedure is user-friendly and written in clear and simple language, and particularly in the primary language of the clients served.
2. Clients and providers are educated about the grievance protocol, as part of an overall quality assurance system, and about the actual steps in the process.
3. A statement of client “rights” and “responsibilities” is to be created by each agency. Guidance regarding the language of this is provided in this document. (See Attachment B)
4. The standard grievance protocol will hold individuals accountable and will contribute to all parties perceiving the process as mutually respectful and beneficial.
5. The grievance protocol will provide a means of monitoring grievances and will enable the identification of potential system-wide service issues for resolution.

### **Characteristics of the Required Standard Internal Grievance Protocol**

1. Clients and agency staff shall know the protocol exists and how to access it.
2. It shall be applied consistently and impartially.
3. Clients will be educated about the protocol in such a manner that they will feel using it is meaningful -- and view it as fair, impartial, and responsive.
4. In cases where clients are contesting the actions or behavior of an agency staff, those individuals (identified agency staff and client) who are involved in the problem are also involved in crafting a solution.
5. A standard **duplicate** grievance form and a form to be sent to the Ryan White Title II Coordinator, issued by the Grantee to all agencies, will be used to ensure that each grievance is described clearly and specifically. This will enable the Grantee and funded agencies to track written grievances in a systematic manner.
6. The nuances of an agency’s internal grievance procedure protocol will be solution-oriented, so that it is unlikely to leave a grievance unresolved.
7. An agency’s internal grievance procedure protocol will include clear timeframes for each step in the process and that the entire process shall not exceed 30 days. **In the event that a situation requires a faster resolution, the process will be expedited accordingly.**
8. An agency’s internal grievance procedure protocol will focus on determining **what is right, not who is right**. The Grantee will apply this same fair and balanced approach as it monitors the occurrences of filed grievances.

9. Each agency will implement its own internal grievance procedure with appropriate orientation and training, so that those responsible for implementing it have the necessary knowledge and skills.

This system wide required grievance procedure shall be reviewed once every grant cycle by designated Grantee staff, funded agency program administrators and by "clients." The process and the procedure will be revised if it is not working, particularly during the first year of implementation.

### **Three Components of the Standard Internal Grievance Protocol**

1. The Nevada State Health Division, Bureau of Community Health (Grantee) shall issue a Standardized Grievance Form to all Ryan White Title II funded providers and require its use within a funded agency's internal grievance procedure (See Appendix A)
2. The Grantee shall establish minimum requirements regarding procedural steps for grievance handling and resolution for all Ryan White funded agencies
3. The Grantee shall establish a centralized tracking and review of grievances filed at Ryan White funded agencies to promote quality improvement

**The Health Division is instituting the use of a standard duplicate grievance form issued to all agencies in order to ensure that:**

- The Grievance form design will be accessible and familiar to all clients of Title II funded agencies.
- A clearly defined standard form for a written formal grievance will assist all agencies' efforts to implement a meaningful and effective internal grievance procedure.
- The use of a duplicate form where a copy is filed with the Grantee will aid in the development and implementation of a central process and authority outside the agencies. This will assist the Grantee in monitoring the occurrence of written grievances at funded agencies, making the process more accessible and meaningful to clients, and protecting against potential agency retaliation against clients who file written grievances.
- Client education regarding an agency's grievance procedures and its attendant forms will be made familiar and more easily understood.
- Aside from the intentional mechanisms of this system to keep the Grantee aware of grievances filed at Title II-funded points of service, client grievance filings may not be disclosed outside the agency without client consent.

- Information concerning clients who file grievances shall be kept confidential to lessen the potential, or perceived potential, of an agency's staff member retaliating against a client. Agencies are to limit disclosure within the agency to pertinent staff

### **How clients are informed about the grievance procedure**

The intake and program eligibility renewal processes are the most opportune time to provide written details about the grievance procedure. Every Title II-funded agency will be required to review the grievance procedure verbally with the client, so any initial questions can be answered.

**A required Client Declaration of Understanding** – shall at a minimum be a written statement, signed by the client, indicating that the client has received a copy and an understood explanation of the Standard Client Grievance Form. The Grievance Procedure Statement should be signed and dated in duplicate, both by the client and staff person conducting intake. One copy should be retained by the agency, with clients receiving their own copy for future reference. Both the client and agency also receive documentation of when the notification took place and who was involved. **The required Client Declaration of Understanding** indicates the agency has reviewed the grievance procedure with a client and that the client understands the procedure and how to use it. All clients must sign it and a copy of this document must be maintained in each client's case file.

Along with ensuring at intake that every client is made aware of an agency's Grievance Procedure, the Health Division requires that each agency shall also provide each client with information and documentation regarding:

**Client Rights**—A listing of the clients' rights while using the services of the agency. Considered with applicable federal, state and local laws, as well as any applicable professional regulations or guidelines, these would include general notification of rights, including non-discrimination, confidentiality, access to one's own client records and third-party access to client records, at the client's request. The agency could include agency or program-specific statements such as "safe environment" or "courteous treatment" statements.

**Client Responsibilities**—A statement listing the responsibilities of the client while enrolled in an agency's programs. This should include any requirements for the client to provide medical documentation of HIV status to receive Title II services. It will include any agency or program requirements for effective provision of services, such as: timely notifications of client change of address; demographic information; and documentation of client's insurance coverage or lack thereof.

Reviewing the above will help the client understand the overall quality assurance approach and how grievance is a part of that. It is also a way to reinforce clients' perception that they are respected.

## **Steps for an Agency's Internal Grievance Procedure**

**A. Initial Complaint:** An initial complaint is brought either verbally or in writing to the attention of the program staff member, who is either the subject of the complaint or is responsible for the programmatic area that is the subject of the complaint. The contacted staff member will record the date of the complaint and a description of the complaint in the client's records. The staff member should attempt to resolve the complaint as soon as possible, no later than three business days from the date of the complaint. The staff member should record the dates and details of agency attempts to resolve the complaint in the client's records. If the complaint is resolved to the client's satisfaction, no further action is required. The staff member must record the date and the details of the resolution in the client's records.

**B. Filing of Written Grievance:** If the complaint is not resolved to the client's satisfaction in Step A, the staff member must inform the client of the right to file a written grievance. The staff member should offer the assistance of the Grievance Handler (see paragraph L) to help the client, by explaining the Grievance Procedure, filling out The Health Division's Bureau of Community Health (Grantee) issued duplicate Grievance Form and/or obtaining translation services, as needed, to ensure that the client understands the procedure. Either the staff member or the Grievance Handler should provide the standard Grievance Form (Please see Attachment A: "The Nevada State Health Division, Bureau of Community Health (Grantee) issued standard Grievance Form") and a copy of the agency's own Grievance Procedure Statement, initially distributed at client intake. At this juncture, both client and agency staff member must sign the Grantee issued duplicate Standard Grievance Form, with one copy provided to the client to retain and one copy retained by the agency. The agency copy is filed in the agency's Client Grievance File maintained by the Grievance Handler. Once the Grantee issued Standard Grievance Form is filled out, the complaint is reclassified as a grievance.

An additional form, attached to the duplicate grievance form will be provided to the client, to send to the Health Division as notification of a grievance having been filed. This form will have the grievance form number, and the client is to send this postcard to:

Ryan White CARE Coordinator  
Bureau of Community Health  
Nevada State Health Division  
505 E. King Street, Rm. 103  
Carson City, NV 89701.

**C. Attempt to Resolve Grievance:** A second attempt is recommended to reach resolution of what now is classified as a grievance. The use of a Grievance Handler to broker this resolution is recommended, especially if the grievance has created any discomfort between the parties. The Grievance Handler should be provided with opportunities to review all documentation related to the grievance and meet with client and involved staff person(s), separately and jointly, as needed. The Grievance Handler should record the dates and details of meetings to resolve the complaint in the client's records. This second attempt at resolution should be completed within five business days of the filing of the written grievance. After five business days, the grievance would move to the next level.

**D. Resolution Detailed in Writing:** If the grievance is resolved to the client's satisfaction in Step C, detailed documentation of the resolution and its provisions should be provided in writing to the client, giving the client an opportunity to review, comment on and approve finalization of the resolution. The date and details of the resolution should be noted in the client's folder and filed with the Grievance Form in the Grievance folder. The formerly aggrieved client and involved staff members should sign all copies of the resolution, which should include the associated grievance form number. A copy of this jointly signed resolution shall be mailed to The Health Division, Bureau of Community Health (Grantee), specifically to the Ryan White CARE Coordinator at 505 E. King St. Room 103, Carson City, NV 89701.

**E. Grievance Process to Next Internal Resolution Level(s):** If the grievance is not resolved to the client's satisfaction in Step C, or five business days pass without resolution, the grievance should be formally directed to the next appropriate management level and a designated staff member. The Grievance Handler will continue to have responsibility for all documentation of the grievance until the internal grievance procedure is exhausted. The next management level could be one of the following: the Program Director, the Clinical Director, Administration, the Assistant Director or the Executive Director, depending on the program and agency size and structure. Should there be no Grievance Handler available, responsibility for all documentation of the grievance falls to the staff member designated to handle the grievance at the particular management level. At each level, the designated staff member should be provided with opportunities to review all documentation related to the grievance and meet with client and involved staff person(s), separately and jointly, as needed. This third and or any other subsequent attempts at resolution should be completed as soon as possible, and no longer than seven business days after being referred to that management level. If seven business days pass without resolution, the grievance moves to the next management level, if any, rather than allow it to languish, or appear to languish, at that level. While some agencies have multiple departments and management levels through which a grievance could pass, the grievance should pass through as few levels as possible, with a maximum of three levels after Step B. In a small agency where the Executive Director serves as the Grievance Handler, the internal Grievance Procedure may already be exhausted upon reaching Step C. Whatever the case, the Grievance Procedure Statement should delineate clearly the steps in the agency management structure through which a grievance travels.

**F. Final Internal Grievance Resolution Level:** Depending on the agency, the appeal process may continue through the management structure as is appropriate. Generally, the Executive Director should have the final decision-making responsibility for resolving grievances through the internal procedure. At some agencies, or if the Executive Director is the subject of the grievance, it may be appropriate to have the Board of Directors serve as the final decision-making body.

**G. Timelines and Extensions:** The entire internal grievance procedure should be completed as soon as possible and, in any event, within **at least** 30 days from filing of the complaint. Extensions of deadlines may be necessary due to extenuating circumstances of staff or client illness or bad weather; generally extensions should be disallowed in the interest of maintaining a responsive procedure. An agency with fewer management levels may have more leeway in this regard. Any deadline extensions require notification of and agreement by all parties.

**H. Documentation, Communication and Follow-up of Grievance Resolution:** At any point in the grievance process, if resolution is achieved to the client's satisfaction, detailed documentation of the resolution and its provisions should be provided in writing. The client should be given an opportunity to review, comment on and approve finalization of the resolution. The resolution should be noted in the client's folder and filed with the grievance in the Ryan White CARE Client Grievance File and with the Nevada State Health Division, Bureau of Community Health (Grantee) at 505 E. King St. Rm. 103, Carson City, NV 89701. The formerly aggrieved client and involved staff members should sign all copies of the resolution. Accountability of all parties to do what they have agreed to, as part of the resolution, is also important. Resolution of a grievance should be detailed in writing and should include any provisions or next steps that were negotiated, so that the agency, the client, and the Health Division understand the requirements of the resolution. Deadlines for provisions or next steps are recommended. The setting of a future "check-in date," at which parties involved in provisions or next steps confirm that they have been fulfilled, is also recommended to assure accountability.

The resolution of an individual grievance may include provisions that have implications for the agency's service system in general. Any programmatic ramifications of a grievance resolution should be communicated to all staff members. This may be accomplished using existing supervision or communication vehicles, such as staff supervision meetings, written program policies, or agency newsletter or bulletin boards. In some cases, it may be appropriate to hold a special full-staff meeting. Similarly, any changes that impact clients should be communicated to all current and future clients.

**I. Alternatives to Internal Resolution:** In the event that resolution cannot be reached internally, the agency must hire an independent, certified or licensed arbitrator. The arbitration outcome will be binding on all parties.

**J. Retention of Grievance Records:** A copy of all documents related to the grievance should be kept in the central Client Grievance File for a designated period of one-year or longer as deemed appropriate for such records. Based on guidelines for the retention of legal records, the minimum suggested retention period in the client's file would be 99 years or life.

**K. Centralized grievance tracking and review within an Agency:** The Nevada State Health Division, Bureau of Community Health (Grantee) requires that agencies implement a system for tracking grievances and reviewing them on a regular basis as a management tool for quality improvement. Such tracking and review is to be conducted in keeping with HIPAA regulations. Agencies should minimally review the numbers and types of grievances filed and the nature of the resolutions at least once each year. The designated Grievance Handler should be responsible for generating such a report. The agency Grievance Handler(s) and management staff should then meet to review this information and identify any needed revisions to the agency's programs or service delivery systems. Reports of this periodic review should be maintained with the central Client Grievance File. These summaries may then be compared over time, providing a longer-range view of trends and any emerging service implications. It is recommended that the Grievance Handler maintain the central Client Grievance File with any individual complaint files, as well as the above-described summary reports. This may require maintaining the file in a filing cabinet drawer or accordion file system. Again, agency size, structure and services will be



a determining factor. To protect client confidentiality this file should be kept in a locked drawer and made available only to management and Grievance Handlers. These staff persons may require some training on client confidentiality and related concerns, such as retaliation.

A centralized tracking and review system can provide agency management with important information for quality monitoring, service system improvement, and staff training needs. At the agency level, proactive tracking of grievances can help agencies capture the concerns of the client to shape more receptive services and programs. Regular feedback from clients, obtained through an array of strategies that includes monitoring client grievances, can ensure a better fit between the services that agencies offer and the needs of individuals living with HIV/AIDS. Information on client grievance procedures and any resulting service improvements can be used by the agencies to promote programs by demonstrating a commitment to client satisfaction.

**L. The roles of staff and management in handling a grievance:** Ryan White Title II-funded agencies will be required to designate a mid-level staff person or a staff person of a higher level as the agency's "Grievance Handler." In addition, it is expected that the agency will designate back-up staff, especially when the primary designated grievance handler happens to be the source of a grievance. Having alternate grievance handlers will help minimize perceptions of bias in case resolution. In addition, having alternate grievance handlers that are formally designated will contribute to client perception that the provider is indeed committed to being fair and balanced.

**Agency Client Grievance Handler(s) Responsibilities Include:**

- Becoming familiar with the agency's client grievance procedure
- Becoming familiar with outside resources for mediation and alternative dispute resolution, which may be used in the event that the internal grievance procedure does not result in a mutually satisfactory resolution
- Receiving training on the handling of grievances
- Assisting the aggrieved client – for example, by explaining the Grievance Procedure, assisting the client to fill out the Grievance Form, or obtaining translation and/or other services, as needed, to allow for meaningful participation by the client in the grievance procedure
- Acting as the agency contact person to the aggrieved client, once a written grievance is filed
- Reviewing all documentation related to a grievance and meeting with client and involved staff person(s), separately and jointly, as needed, to collect further information aimed at resolving the grievance
- Brokering initial attempts at resolution of a grievance between a client and involved staff, when necessary

- Moving the grievance through the client grievance procedure in a timely fashion
- Maintaining a central Client Grievance File, including the recording of the dates and details of attempts to resolve the grievance
- Tracking utilization of the grievance procedure and the subject of grievances filed
- Convening meetings with the Executive Director and/or management team for review on a periodic basis, at least once annually

**M. Provider training and technical assistance:** Grievance Handlers and other staff, especially those involved in any level of the grievance procedure, should receive training in handling grievances. Agencies may require necessary technical assistance regarding development and implementation of an effective internal grievance procedures and its linkage to quality improvement systems.

**The Health Division, Bureau of Community Health (Grantee) is prepared to provide training and technical assistance to agencies to:**

- Assist agencies in developing and implementing practical, responsive and fair client grievance procedures
- Promote a system permitting agencies and clients to resolve grievances in a cost-effective and non-adversarial manner
- Assist agencies to develop practices to improve service, increase client satisfaction, and avoid preventable grievances
- Assist agencies to regard effectively handled grievances as a cost effective tool to strengthen positive client relationships and improve service provision
- Identify external resources for translation services and other services to support the internal handling of a complaint or grievance
- Identify external resources for mediation and alternative dispute resolution, which the agency and client may choose to use in the event that they fail to achieve a mutually acceptable resolution through the internal grievance procedure

**The Nevada State Health Division, Bureau of Community Health (Grantee) will maintain a centralized tracking and review of grievances filed at Ryan White funded agencies to promote quality improvement;**

As stated throughout this guidance, it is the Health Division's intention to foster a systemic approach allowing for the identification, monitoring and evaluation of system features that can drive a continuous quality assurance program.

It is the Health Division's perspective that an agency's internal grievance procedure protocol will focus on determining **what is right, not who is right**. The Health Division, in turn, will apply this same fair and balanced approach to monitor the occurrences of filed grievances.

The Health Division has no intention of intervening in an agency's handling and resolution of a filed grievance to the extent to which it is developed and managed in accordance with this guidance. It is understood that occasional grievance filings are part of a natural system of on-going quality gap identification and resolve that every agency may experience from time to time.

The Health Division, however, maintains the right to intervene in an agency's quality assurance program when a preponderance of client filed grievances occurs. To do so, it shall apply an incrementally increasing level of intervention when necessary.

**Step one:**

When the Health Division has determined that a preponderance of client filed grievances has occurred at a funded point of service, the first step in intervention will be to offer technical assistance to the agency in question. A preponderance is *equal to or more than 5 percent of current caseload*. For example, if an agency has 600 clients, grievances filed by 30 or more clients in a year would signal the need for technical assistance. For an agency with 50 clients, three grievances would be cause for Health Division involvement.

**Step two:**

Should client grievance filing continue to occur following the provision of technical assistance to the agency, the Health Division will initiate a formal corrective action letter to the agency in question.

**Step three:**

In the unlikely event that client grievance filings continue following this second step, the Health Division will institute a restrictive draw down arrangement with the agency until identified quality concerns are solved.

**Step four:**

If all of the above mentioned action steps fail to achieve their intended results, the Health Division reserves the right to terminate an agency's service contract.

**Attachments**

Attachment A: Standard Grievance Filing Form

Attachment B: Draft Client Rights/Client Responsibility Language